

Policy No. _____

This Supplement is to be completed by the Proposed Insured.

Proposed Insured: _____

Have you used nicotine at any time?

				Date Last Used	
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Cigarettes	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Cigar	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Pipe	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Chewing Tobacco	_____
<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	Other (e.g. patch, gum, etc.)	_____

Remarks:

It is represented that the statements and answers given in this Supplement to the Application are true, complete and correctly recorded.

It is agreed that this Supplement shall be part of the Application to the Company for insurance on the life of the Proposed Insured.

I am applying as a non-smoker. I understand that omissions or misstatements in this Supplement will cause an otherwise valid claim to be denied under any policy issued from the Application, subject to the Incontestability provision of the policy.

Signed at _____
City, Country

on _____
Date (mm/dd/yyyy)

Signature of Proposed Insured

Witness to Signature of Proposed Insured

